MEDICAL RECORD	Refraction for Safety Glasses Form

NHCCC Optometry Clinic

Date:

S: Pt in for refraction for safety glasses

O:

Habitual Rx	Add	DVA (cc sc)	NVA (cc sc)
OD		20/	20/
OS		20/	20/

MANIFEST REFRACTION:

OD 20/

OS 20/

Add **NVA**_____

A:

P: **PT Information below agreed to and signed by Pt**
Rx as Manifest Refraction entered on spectacle order form
RTC x 1-2 years or as directed by safety department

I understand that this visit is directed by the safety office to assist them in providing me with safety glasses. I understand that the health of my eyes was not examined at this visit and that the refraction today is in no way a replacement for a yearly ocular health exam by my regular eye care professional.

Signature _____ Date _____

Patient's Name (*Last, First, MI*)			Birth Date
Sex	Relationship to Sponsor	Component/Status	Department/Service
Sponsor's Name			Rank/Grade
		Organization	
Phone Number	**REFRACTION FOR SAFETY GLASSES NHCCC 6490/6**		